

Application for Teacher Intern License

State of Iowa **Board of Educational Examiners** Licensure

Grimes State Office Building 400 E. 14th St. Des Moines, Iowa 50319-0147

I. TO BE COMPLETED BY A	TYPLICAN I (type or print)		Revised 10/07
Instructions: 1. Enclose a \$125 non-ref	Fundable teacher intern license fee (m	nade payabe to the Board of Educational	I Examiners) and send to the
address above.	`	1 7	,
		cated by the recommending official at the	ne institution at which you are
	proved teacher intern program.		
		and the \$52 fee for the background chec	ck. (A single check or money
order is acceptable.) Pl	ease allow four weeks for processing		
Applicant's Folder #	Social Security #	Date of Birth	Male
		Month Day Year	☐ Female
Last Name	First Name	Middle Name	Maiden Name
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
	,		'
Home Phone	Work Phone	Email Address	
()	()		
Degree(s) held and confer			
Bachel	or's Institution	date Master'sInsti	itution date
L	Institution	dare insn	itution date
c. Yes No PR Have d. Yes No PR Have e. Yes No PR Are If you answered "No," che a qualified alien (as o	e you ever had a founded report of chie you ever had an educational license you a United States citizen? eck if you are: lefined in 8 U.S.C.A. § 1641). If sed into the United States under 8 se provide appropriate documental physically present in the United States and each detailed explanation on a septication will be considered fraudulent, amitted in support of the application.	denied, revoked, or suspended? o, please provide appropriate docum U.S.C.A. § 1182(d)(5) for less than oution.) States.	nentation. one year. se representation or omission of mater
Signature of Applicant		Date	
SECTION II: To be complete		roved teacher intern program and has c	ampleted the minimum amount
		all state minimum requirements for the f	
Signature of Recommending Offic	ial	Institution Name	Affin Callere
			Affix College Seal Here
Typed or printed Signature of Rec	ommending Official	Date	